

Please Read and Completely Fill Out

Check In Date _____

Checked in by _____



Boarding Agreement

Pet Name _____
Owner(s) Name(s) _____
Emergency number(s) _____ 2nd Emergency # _____
Emergency Contact(s) *other than owner* _____ Text number _____ Do not text

Proposed Pick-up Date _____ **Time** _____

Vaccination and Parasite Policy and History

To insure the protection of all pets under our care the following must be up-to-date. **Mark if up-to-date.**

DOG: Rabies DAPP Bordetella Stool Exam

CAT: Rabies FVRC

Where vaccinated (clinic or vet name)? _____

Heartworm preventative? Date given? _____ Brand _____

Flea/tick preventative? Date applied? _____ Brand _____

If proof (veterinarian's records) not provided, **your pet will be vaccinated – at owner's expense.** _____ (initials)

If any fleas/ticks are observed on your pet. Your pet will be treated at owner's expense. _____ (initials)

If we perform a stool exam and your pet has intestinal parasites, **your pet will be dewormed - at owner's expense.** _____ (initials)

By signing this form, I, as the owner or agent of this animal, give permission to update my pet vaccinations and treat for parasites in accordance with the above policy or I decline meds/vaccines at owners risk _____ (initials) See reverse for decline list/information.

I understand that during the boarding time unforeseen conditions may arise. One of the advantages of boarding at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency numbers listed above regarding your pet's symptoms, treatment options, and estimate of additional costs. _____ (initials)

If no one can be reached I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgement. _____ (initials)

I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarian's and the Center's control. _____ (initials)

Feeding Instructions ___ Am ___ PM ___ at our discretion Did you bring food? _____
Any meds to be given while boarded? Yes No **List with instructions on reverse.**

Dog's/Cat's Personality: Check all that apply) ___ excitable ___ quiet ___ energetic ___ dog-aggressive ___ fence climber ___ barker ___ chewer ___ stresses easily ___ timid/afraid of stranger ___ afraid storms ___ leash trained ___ crate trained ___ biter ___ cat aggressive other(describe _____)

Signature _____ **Date** _____

Notes: _____ Rev 06/16/2016